

Florida

Democrat

- Senator Bill Nelson -

Requester Information: Name: Street: City, State, Zip: Telephone:			Ship To: Name: Street: City, State, Zip: Telephone:								
						Name	Type 3 x 5' Nylon 3 x 5' Cotton 4 x 6' Nylon 5 x 8' Nylon 5 x 8' Cotton Flying Cost (per flag) Shipping Cost (per flag) Total Enclosed		Quantity	Total	
						Occas	sion for presentation:				

Specific date requests should be made at least four weeks prior to the date requested. Allow four to six weeks for delivery. Please mail this form and check or money order made payable to, **KEEPER OF THE STATIONERY**, to:

Date flag is to be flown over the U.S. Capitol:___

Senator Bill Nelson Attn: Flag Requests 225 East Robinson Street, Suite 410 Orlando, Florida 32801 Flag Requests